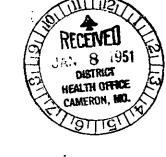
DIED IAM	44 400.			ALTH OF MISSO					
FILED JAN	11 1951	STANDA	ARD CERTIF	FICATE OF DE	EATH	Sta	te Filc No	401	15
BIRTH NO		_ REG. DIST. I	vo. <u>73</u>	PRIMARY REG. DIST	т. no. <u>30</u>	14 Rec	jistrar's No.	22	
I. PLACE OF DE				2 USUAL RESI		here decoased	lived. If ins	titution: resider	
a. coolv. 7	lan			#. 31/11 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	SSOUR	- D. C.	JUNIT JU	lan.	u iii ese
b. CITY (II outside e OR TOWN	orporate limits, write R	URAL and give township)	c. LENGTH OF STAY (in this place	C. CITY (If specifical OR TOWN	corporate limite.	write RURAL	and give town	mahip)	4
	mount		1/7 gro	.		<u>~~~</u> -			<u> </u>
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in	eiration, give etreci	~4.	d. STREET ADDRESS	(If rund,)	zive location)	me	ليم . هلا	۲.
3. NAME OF DECEASED	a. (First)	b.	(Middle)	c. (Last)		4. DATE	(Month)	(Day) (Year)
(Type or Print)	EDWAR	D	()	TREIBE	R	OF DEATH	Dec.	. 29 -	<u> </u>
	COLOR OR RACE	7. MARRIED, NO	EVER MARRIED, IVORCED (Specify)	8. DATE OF BIRTH	ا مربعون	9. AGE (In y	ears IF UNDER	I YEAR IF UNDI Days Hours	
male	W huty	~~	<u>ud 1</u>		1874		6/10	3	<u> </u>
10a. USUAL OCCUPATI	ON (Give kind of work ing life, even if retired)	19b. KIND OF	BUSINESS OR'IN- DUSTRY	11. BIRTHPLACE (84	ate or foreign oc	nuntry)	1	12. CITIZEN C)F W
13a. FATHER'S NAME	0	136.	OTHER'S MAIDEN	NAME	14. NAM	E OF _C HUSB4	ND OR WIF	<u> </u>	٠.
Re. X	Q 0 . 0 -0 A	سائس -	Sa F	Sarbar -		wie		معدلت	
15. WAS DECEASED EV			CIAL SECURITY	17., INFORMANT	S SIGNA	TURE OR		ADDR	ES:
(Yes, no. grunknown) (I	f yee, give war or dates	of service) 486	- 65 - 0 2 4 5 NO.	Rowers	Trei	ber	Liber	ty MIG	3
18. CAUSE OF DEATH	1 DISEASE OD S		MEDICAL O	CERTIFICATION				INTERVAL BI	DEAT
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ING TO DEATH 1/2	situit.	ary Tum	. مهمصا			Sm	
	ANTECEDENT CA	ALISES							
*This does not mean the mode of dying, such	1	, if any, giving Dl	JE TO (b)						
as heart failure, asthenia,	rise to the above co	iuse (a) siaima		- *		: -	7.	7 - 4; * <u>- 3</u> *	4. 4.
etc. It means the dis- ease, injury, or complica-			JE TO (c)						,
tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS							VILY	(
	Conditions contrib	uting to the death b se or condition caus	ut not ing death.					17/2/	
19a. DATE OF OPERA- TION	19b. MAJOR FINE	INGS OF OPERA	TION			-		20. AUTOPS	Y7
HUN	<u> </u>						<u></u>	YES 🗌	NO ·
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJ	URY (e.g., in or about treet, office bldg., etc.)	21c. (CITY, TOWN, O	R TOWNSHIP) (COUNTY)	(STAT	E)
21d. TIME (Month) (Day) (Year) (I	Hour) 21e. INJ	URY OCCURRED	21f. HOW DID INJUI	RY OCCUR?		····		
ANDINA SO SO SO SO SO SO SO SO SO SO SO SO SO	, (Day) (Imar) (WHILE AT WORK		1			•		
22. I hereby certify	that I attended th	he deceased fro	mary 1	. 19 <u>50</u> , to p	VEC 29	2.19-50	that I las	t saw the de	ceo
Alive on Dec	<u> 28</u> , 195	2, and that de	ath occurred at	/ Pm., from	the causes	and on the	date state	d above.	
Leur !	w. La	edne	Degree or title)		4, 7	no		23c. DATES	
24a BURIAL CREMA	24b DATE	24c. N		Y OR CREMATORY	24d. LOCAT	TION (City, t	own, or cour	ity) (S	tate)
TION, REMOVAL (Breed)	1704 11 5	51 7	it over		'	where	×	0 دو)
DATE REC'D BY LOCA		IGNATURE	64	25. FUNERAL DIRE	ECTOR'S \$1	GNATURE	س کھ	PRESS	. –
·Dac -29-1955		· Hays	us. 1	1 2 much	~~~~	<u>chul</u>	<u>8.8</u>	Justy	M
		(Lie	nsed Embalmer's	Statement on Reverse S	Side)				



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by...

working under my personal supervision.

Student Embalmer

Licensed Embalmer/No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failbre to comply the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.